

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELIZA		05-15-01
O.I.P.E. CLASSIFIER		8	6-7-01
FORMALITY REVIEW	AS	5C906	06/06/05
RESPONSE FORMALITY REVIEW	AS	993	10-16-1

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	3/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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